

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

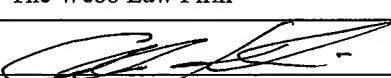
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/579,318</td> </tr> <tr> <td>Filing Date</td> <td>7/29/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Tatsurou Iwasaki</td> </tr> <tr> <td>Art Unit</td> <td>3672</td> </tr> <tr> <td>Examiner Name</td> <td>Sunil Singh</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td style="text-align: right;">Attorney Docket Number</td> </tr> </table>	Application Number	10/579,318	Filing Date	7/29/2004	First Named Inventor	Tatsurou Iwasaki	Art Unit	3672	Examiner Name	Sunil Singh	Total Number of Pages in This Submission	Attorney Docket Number
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	2950 - 061389												

ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a; ISR and IPRP re PCT/JP2004/011200; IDS filed 07/09/2007 and confirmation postcard from USPTO; Seven foreign patent documents
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		
<input type="checkbox"/> Claim Fees Previously Paid: Total Claims _____ Total Indpen. Claims _____ <input type="checkbox"/> Claim Fees Due (see Fee Transmittal Form)		

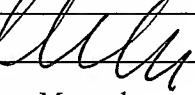
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Adam J. Komorowski		
Date	February 24, 2011	Reg. No.	62,575

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Melissa Mazurak	Date	February 24, 2011